

Screening Questionnaire COVID-19 Form

Refer to Announcement of the Ministry of Public Health: Title and important symptoms of dangerous communicable disease (No.3) B.E. Coronavirus Disease 2019 (COVID-19) was announced as a dangerous communicable disease according to Communicable Disease Act B.E. 2558. For benefits of yourself and family and surveillance, prevention and control of dangerous communicable disease by virtue of the provisions of Article 5, paragraph one and Section 6 (1) of the Communicable Disease Act B.E. 2558, you are requested to provide health history and history of travel truly in this form and bring it to submit at the meeting.

Name		Tel :
<input type="checkbox"/> Shareholder or proxy <input type="checkbox"/> Escort		

Do you currently have any of the following symptoms? Tick all that apply:

1. Cough/ Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> NO
2. Runny Nose	<input type="checkbox"/> Yes <input type="checkbox"/> NO
3. Loss of sense of smell	<input type="checkbox"/> Yes <input type="checkbox"/> NO
4. Shortness of breath or Difficulty breathing	<input type="checkbox"/> Yes <input type="checkbox"/> NO
5. Patient with pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> NO

During the 14 days before the meeting date, do you have one of the following histories?

1. Travel overseas for the past 14 days	<input type="checkbox"/> Yes <input type="checkbox"/> NO
2. I have a history of close contact with suspected or confirmed cases of Coronavirus disease 2019	<input type="checkbox"/> Yes <input type="checkbox"/> NO
3. Engaging in occupations related to tourists crowded place or in contact with many people	<input type="checkbox"/> Yes <input type="checkbox"/> NO

Sign (Printed name) _____

For security officer / Authorized person
--

<input type="checkbox"/> No suspected	<input type="checkbox"/> Suspected of COVID-19 let the patient go to see doctor at medical facility/ the medical facilities where the Company specified in order to diagnose other diseases and strictly follow the doctor's orders
---------------------------------------	--